

**ERIE COUNTY  
CONTINUUM OF CARE  
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)  
MANAGED BY: THE ERIE UNITED METHODIST ALLIANCE  
USER AGREEMENT**

**HMIS STATEMENT OF CONFIDENTIALITY AND REQUEST FOR HMIS USER**

**Please complete the following:**

**Employee Name:** \_\_\_\_\_  
(Please print clearly.)

**Business Email Address:** \_\_\_\_\_  
(Please print clearly.)

**Agency Name:** \_\_\_\_\_  
(Please print clearly.)

**Provider Name:** \_\_\_\_\_  
(Please print clearly.)

**Access Level:** \_\_\_\_\_  
(Assigned by HMIS Lead.)

**Additional providers this user may enter data as:**  
\_\_\_\_\_  
(Providers within your Agency.)

Important  
Please note this form must be completed by New Users and Existing Users on an annual basis.  
If you have any questions regarding the completion of this request, please contact the HMIS Administrator at 814-456-8073.  
After filling out this form, fax it back to EUMA at 814-456-4513 or mail it to:  
HMIS Administrator  
EUMA  
1033 E. 26<sup>th</sup> St  
Erie, PA 16504

**STATEMENT OF CONFIDENTIALITY**

**I AGREE TO MAINTAIN THE STRICT CONFIDENTIALITY OF INFORMATION OBTAINED THROUGH the Erie County Continuum of Care, Homeless Management Information System. This information will be used only for legitimate client services and administration of the above named agency. Any breach of confidentiality will result in immediate termination of participation in the HMIS.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's/Executive Director's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**REQUEST FOR ACCOUNT**

Each user requires a unique username and password, which is to be kept private. Use of another user’s username (account) is grounds for immediate termination from the Erie County Continuum of Care Homeless Management Information System.

**USER’S RESPONSIBILITY STATEMENT**

**Your username and password give you access to the Erie County CoC Homeless Management Information System. Initial each item below to indicate your understanding of the proper use of your username and password, and sign where indicated. Any failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the Erie County’s HMIS.**

*Initial Only*

\_\_\_\_\_ I understand that I must take all reasonable means to protect personal information that is in hard copy format, including, but not limited to, reports, data entry forms, and signed consent forms.

\_\_\_\_\_ I understand those hard copies of HMIS information must be kept in a secure file.

\_\_\_\_\_ I understand that once the hard copies of HMIS are no longer needed, they must be properly destroyed to maintain Confidentiality.

\_\_\_\_\_ I understand that I must take all reasonable means to protect personal information that is stored within the application, including, but not limited to, a network, desktop, laptop, and external storage drive.

\_\_\_\_\_ I understand that I must take all reasonable means to keep my password physically secure.

\_\_\_\_\_ I understand that my username and password are for my use only and should not be shared with any other user.

\_\_\_\_\_ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

\_\_\_\_\_ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.

\_\_\_\_\_ I understand that these rules apply to all users of the HMIS-Erie project whatever their work role or position.

\_\_\_\_\_ I understand that if I notice or suspect a security breach, I must immediately notify an HMIS Administrator.

**I understand and agree to the above statements.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please fax this form back to:**

HMIS Administrator  
814-456-4513

**Do not write below this line**

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To be completed by the HMIS Administrator

[ ] Yes [ ] No Verified user was HIPAA trained.

[ ] Yes [ ] No Verified user was Agency or HMIS application trained.

[ ] Yes [ ] No Added user’s business email to the HMIS distribution list.

**User ID (Assigned by HMIS-Erie):** \_\_\_\_\_

**HMIS Admin Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_